



# Polio News

Post Polio Support Society NZ (Inc)

August 2008

## Did You Know?

Famous New Zealand engraver, commercial artist, and publisher E Mervyn Taylor was a polio survivor.

Best known popularly for his magnificent wood engravings that were a spectacular feature of school publications, Ernest Taylor had wide-ranging talents that included jewellery engraving, map draughting, water colours, sculpture, carving, and multi-media murals.



*Huias (wood engraving). E. Mervyn Taylor*

He is remembered as a quiet, unassuming man, noted for the quality and quantity of his artistic creativity, who did much to encourage other artists.

E. Mervyn Taylor was a prolific and highly skilled wood engraver, whose images of New Zealand flora and fauna and of Maori people and legends have been unjustly neglected since his death in 1964. He is thought to be the first New Zealand artist, without private means, to earn his living from his artistic endeavours

He was born in Auckland and went to school there from 1912 to 1920 -- schooling that was interrupted by polio and rheumatic fever. Throughout his life he walked with a slight limp, a legacy from polio. He died in Wellington Hospital in June 1964.

A google search of "E Mervyn Taylor" will show that a number of books have been published with his engravings. Some of these books will be found in a library near you.

[www.TeAra.govt.nz/1966/T/TaylorErnestMervyn/en](http://www.TeAra.govt.nz/1966/T/TaylorErnestMervyn/en)

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## About Us

The Post Polio Support Society of NZ is an incorporated society dedicated to seeking support for people who have had poliomyelitis. It does this through information sharing and where possible, assistance to polio society members and their families, whether or not they are experiencing problems at present.

The Society's Board of Management meets regularly either physically or by telephone conference, and the annual general meeting of members is held in September.

The Society's newsletter, ***Polio News***, is published four times a year (March, May, August, November) and is sent to all members.

Contributions are welcome and the deadline for copy is the 15th of the month before publication.

**Disclaimer:** Opinions expressed in the newsletter are those of the writers and not necessarily those of the Society.

**Acknowledgement:** This newsletter has been paid for by a grant from the Lottery Grants Board and the JR McKenzie Trust, to whom the Society expresses its thanks.



## Editorial

### Foil wrapped reptile?

Many thanks to those who wrote words of encouragement after the last edition. Also thanks to those who gave positive comments about published content. One such comment gave me food for thought about what motivates me a lot of the time – it is acting to keep warm. (That's well documented reptilian behaviour!)

Like all polios, keeping warm is a top priority, and it's not always easily achieved. With winter on top of us it brings the subject to the fore. There is a little article from Ireland in this newsletter about the true cost of disability. It is interesting to see how much more disposable income is spent by those with disability so that they can live "normally". I bet one of the extra expenses is on home heating for the polio subgroup.

I had the good fortune to live in the tropics for eight years. I very rarely felt cold – just the occasional day in "winter"; and that was easily managed by the old adage *if your feet (ie polio limbs) are cold put on a hat*. I had a beanie on hand for just those days. On one occasion I mislaid it, so reverted to using oven foil over my head (in the privacy of my own home). It looked ridiculous, but it worked remarkably well. It also had my offspring in stitches!

On returning to live in NZ I felt continuously cold for 12 months. My eldest son warned me it would take 2 years to adjust. Fortunately my other sons introduced me to polypropylene and merino wool long underwear. So I hope everyone else is well equipped to deal with the winter months. Keep warm and dry!! Oh, and I still wear a beanie regularly, and keep a spare just in case!! The oven foil stays in the kitchen.  
Cheers, David

# Conference '08

## Palmerston North

Friday and Saturday September 12<sup>th</sup> and 13<sup>th</sup> 2008

## Maximising the Quality of Life

### Keynote Speakers:

#### 'Jega' Gnanaletchumy Jegasothey

Senior Physiotherapist Royal Perth Hospital West Australia

#### Dr Jurian de Groot

Director Palmerston North DHB Rehabilitation Centre

#### David Guest

Enable New Zealand  
Manager Information and Policy advice

Ms Melanie Trevethick equity-for-illness Advocate

### Timetable:

*Friday September 12th Arena Centre  
Pascall St Palmerston North*

- 9.30 Registration and cuppa
- 10.15 Opening followed by Jega with two sessions; "The role of the Physiotherapist" & "The Late Effects of Disability Clinic" - the West Australian approach
- 12.30 Lunch
- 1.45 The role of the Rehab Specialist and 'Pacing Fatigue'
- 3.00 Afternoon Tea break
- 3.15 The role of the Equipment Specialist and using Appliances
- 4.30 Adjourn
- 6.00 AGM Post Polio Support Society NZ
- 7.00 Conference Dinner  
Guest Speaker Melanie Trevethick — equity-for-illness

*Saturday September 13th Palmerston North Hospital Rehabilitation Clinic Gymnasium and therapy pool*

9.30 until 10.30 11.00 until 12.30 lunch  
1.30pm until 3pm

This is an **Observation day**. Two Polio Survivors have agreed to be assessed in public by Jega followed by time in the therapy Pool. Jega will demonstrate on how she would structure an exercise session for those who have been assessed and your questions are invited.

### Costs:

The registration fee for the two days is \$100 per person or

\$40 for the Friday morning and afternoon sessions

\$40 for the Conference dinner on the Friday evening

\$40 for the Saturday session at the Gymnasium and Therapy Pool

Lunch and morning tea on both days is included in the charge.

### Accommodation:

Our base hotel is Travelodge (formerly Novotel) 175 Cuba Street Palmerston North and we have pencil bookings in several motels. The cost for bed and breakfast per night is approx. \$150.

**We need to have your Conference Registration and Accommodation Booking no later than Monday August 4<sup>th</sup> 2008 so please complete and post the Registration Form ASAP.**

**See page 4 if you don't have a Registration Form:**

### Enquiries:

Contact JB Munro 021 452 340 or  
Ray Wilson 0800 476 546

# Conference '08

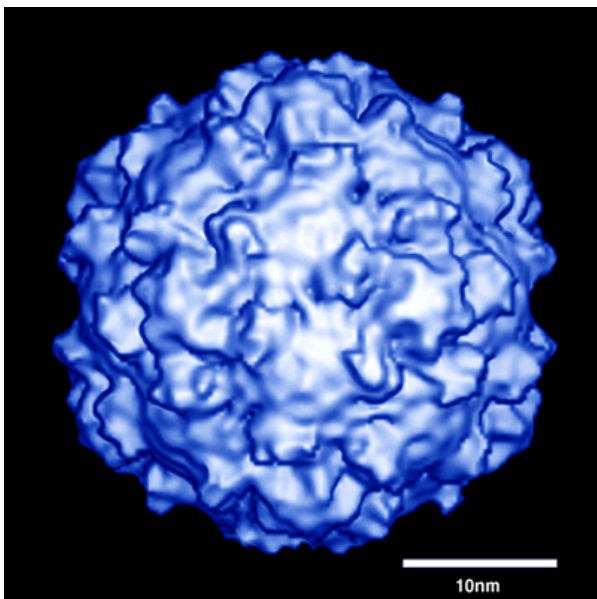
## Registration

Registration forms can be downloaded from the postpolio web site:

[www.postpolio.org.nz](http://www.postpolio.org.nz)

Click on the **Conference 08** link.

Two types of Registration Form are available on the website. One is for printing and posting with a cheque; the other is for emailing and paying by internet banking.



*The Polio Virus*

## Important Message for Aucklanders

Following the Palmerston North Conference the Guest Speaker "Jega" will be in Auckland with family. She is willing to share her knowledge as a Physiotherapist, and the situation for "Polios" in Western Australia, with members of the Auckland Post Polio Support Group. Others who have not been able to attend the NZ Society Conference are also welcome.

Doreen Chandler has booked the **Disability Resource Centre Royal Oak**  
**Monday 15th September**  
**10.30am until 1.30 pm.**

Jega will speak and demonstrate between 10.30am and noon. This will be followed by "finger food" and then Q & A until 1.30 pm.

If you are interested in attending, and for catering purposes, please contact

Doreen on 09 534 6151  
or 021 128 2965  
or Fax 09 557 3104  
or E Mail [auckpostpolio@clear.net.nz](mailto:auckpostpolio@clear.net.nz)  
by September 9th 2008.



## **President's Message**

Hello to all, and here we are with the shortest day already behind us.

May I begin with the usual Get Well Greetings to those who have been in ill health or Condolences to those who have lost friends or family members since my last message.

### **President Elect**

Philippa McDonald has to spend quality time with her mother, who now needs constant care. Philippa has advised that she can no longer accept the role of 'President' for the coming term. This opens the opportunity for new faces on the Board of Management. Are you able to fill this role? Do you know of someone who may be able to fill this role? Any member you consider could be approached we would welcome a contact.

### **September Conference / AGM**

In late April JB and I travelled to Palmerston North to check out both accommodation and venues for the September Conference and Annual Meeting. We teamed up with Professor Tim Browne of the local P.N. group who sped up the process considerably.

We arranged suitable accommodation and venues that should suit all needs.

Our main concern now will be to seek the support of the members to attend and hear 'Jega' speak of her experiences in setting up a 'Late Effects of Disability Clinic' in Perth Western Australia. I should point out that the population of Perth is almost one quarter of the New Zealand population. There is a feeling that as we the survivors age we are less likely to attend, in the main because of our own disability and the slowing down process that accompanies it.

### **New Brochure**

The printing of this brochure has been a very positive move by our organisation, probably one of the top things ever done in our history. In the past we have always relied on sending out overseas printed

products, whereas this is NZ Born & Bred, and put together by Polio Survivors on the Home Front.

I have been surprised at the number of requests for extra copies. These are still available on request from the Society.

### **MoH Meeting in Dunedin**

I received an invitation addressed to the PPSS to attend a meeting in Dunedin to discuss Disability Issues.

I was more than a little bewildered when the venue in Town Hall Complex was located on the 5th Floor and the elevator access ended on the 3rd Floor. We had 42 steps to climb each way. The toilet facility was also located on the 3rd floor. Having registered to attend my name was not on the attendance list, as with many others who arrived. They had more than a dozen extra persons attend. Does this show the way the Health System operates at national level?

### **Visits to Groups**

I received an invite to have lunch with the South Canterbury group in Timaru last month and enjoyed the convivial company. They hold these get-together's on a quarterly basis and they bring together some 12 to 16 Polio members, partners and friends.

**Dunedin Group Visit.** As a member of the group, I try to attend as often as possible but was unable to enjoy lunch out at the last one.

### **At Home – Time Out**

Iris and I have just returned from Christchurch with her daughter and Granddaughter, who arrived from Tasmania on Wednesday afternoon. We took time to travel to Kaikoura and do some successful 'Whale Watching' – 4 in number – on a rolling sea.

I am going to be celebrating a milestone birthday this year. It is this weekend – July 13th, and so I hold my breath and await whatever has been planned.

Take Care till next time  
Regards Ray Wilson.

## Disability Issues Bill to enable UN Convention ratification

01 Jul 2008 07:36 PM

The Disability (United Nations Convention on the Rights of Persons with Disabilities) Bill was introduced to Parliament today. The Bill removes inconsistencies within current legislation that will enable New Zealand to ratify the Convention.

"I welcome the opportunity to reinforce New Zealand's long standing reputation as a world leader in human rights issues. It is high time for disabled people to have the legal recognition that their rights are valued on an equal basis with others," said Ms Dyson.

"Given the level of activity already undertaken in line with the New Zealand Disability Strategy, and existing international human rights obligations, I was not surprised to learn that New Zealand did not have substantial issues of inconsistency with the Convention.

"However, some domestic enactments require minor and technical amendments before ratification can proceed." Amendments are also proposed to the Human Rights Act 1993 to clarify its obligation to accommodate the needs of disabled people.

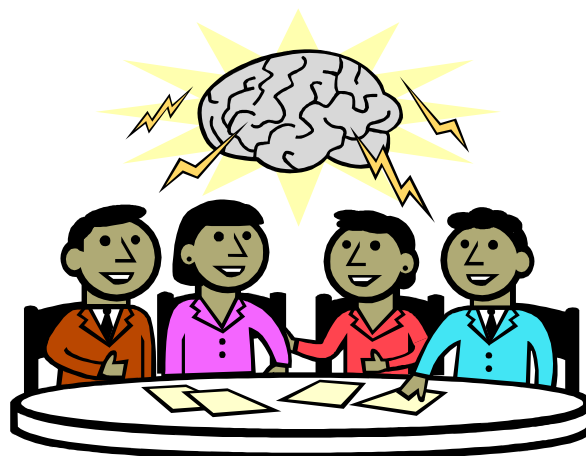
"The Bill proposes these changes and, if passed, will allow New Zealand to ratify the Convention demonstrating an international commitment to eliminating disabling barriers," said Ms Dyson.



### Additional Information -- the Disability (United Nations Convention on the Rights of Persons with Disabilities) Bill

New Zealand has been a leader in negotiations on the Convention. We modelled the spirit of participation with disabled people through consultation on the evolving Convention text, and involvement of disability sector representatives in our delegations to the United Nations. We were able to use our experiences domestically with the New Zealand Disability Strategy to inform our contributions to the Convention process.

New Zealand signed the Convention at the United Nations on 30 March 2007, along with 80 other States. This was the largest number of States to sign a human rights treaty on the same day ever. Since then, 129 States have signed the Convention, and 28 States have ratified it, indicating strong global commitment.



Many of the legislation needing change are older enactments that have not been amended in some time and/or which carry over wording from the past. The key issue is removing provisions that in effect discriminate on the basis of disability. They are proposed to be replaced with provisions that do not discriminate on the basis of disability.

The Convention does not create new rights for disabled people. Instead, it builds on conventional understandings of what is required to implement existing human rights as they relate to disabled people.

Disabled people are defined in the Convention to include "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others". This definition is consistent with the New Zealand Disability Strategy.

The Convention makes it explicit that States must ensure the full realisation of all human rights and fundamental freedoms for all disabled people, on an equal basis with others, and without discrimination of any kind on the basis of disability. This is already a feature of New Zealand law.

There is strong and widespread support in the disability sector for New Zealand to ratify the Convention. We want to ratify the Convention because it will

- provide greater impetus and support for implementation of the New Zealand Disability Strategy. The Convention provides practical guidance on the implementation of the rights of disabled people, both immediately in the text and over time through the regular periodic reporting process to the United Nations.
- assist government agencies to analyse and improve, where necessary, the current mechanisms for promotion and monitoring of policy that impact on disabled people. It will also help to ensure that mainstream services are inclusive of disabled people and delivered in non-discriminatory ways.

## A taxing time in the UK



The EU has moved to restrict the number of mobility scooters available on the UK streets by slapping import duty on the vehicles, the Telegraph reports.

The ruling means a £250 price hike on the average £2.5k cost of the mostly Taiwanese and Chinese vehicles, which are "exempt from VAT for disabled purchasers and until recently, were also free of customs duty". Whereas the mobility scooter was previously classified as "a carriage for disabled persons", they were now banded with "motor vehicles for the transport of persons", attracting a 10 per cent customs mark-up.

Let's hope NZ never considers joining the EU!

More at:  
[http://www.theregister.co.uk/2007/06/12/davros\\_tax/](http://www.theregister.co.uk/2007/06/12/davros_tax/)

## Regional Events

### Manawatu

The Manawatu group met recently at the Palmerston North RSA with 17 members attending. 3 Apologies were received. Members came from Levin, Wanganui, Feilding, as well as some locals.

The upcoming conference was discussed and anyone wanting further information should ring the 0800 number to ask what they would be paying for when registering.

Raylee asked if anyone had come across any "Recent discoveries" and would they be prepared to share such findings. It was mentioned that "The Shoe Clinic" will measure clients (us) for suitable shoes. For further information ask at your local shop to see what it entails.

Aileen has recently purchased a Pride Mobility small mobility scooter and a hoist which has been installed in the boot of her car. [www.pridemobility.com](http://www.pridemobility.com) are the suppliers at a cost of approx \$3000.00. Installation not included in that price. Aileen is prepared to answer anyone questions about the products and her phone number is 06 3454227.

We all enjoyed our informal meeting and thanked Raylee for arranging it. It was decided to have another get together before Christmas.

Regards Lois Campbell  
Manawatu Wanganui Polio Group

### Taranaki

The Post Polio group had its bi monthly meeting at Cobb & Co I New Plymouth on the 14<sup>th</sup> June. A good attendance of fourteen turned up. We have had a lot of flu in the members, some being hospitalised. After our meeting we held

our AGM in which we had a great year. Our president thanked everyone for their support over the year. A birthday card was given to one of our members who was having her 90<sup>th</sup> birthday. A bouquet of flowers was sent to her as well.

The president of the group was thanked for all the hard work she has put in over the past 15 years.

President – Shirley Hazlewood QSM

Secretary – Marie Frewin

Treasurer – Justin Hazlewood

Seven committee members elected.

A big thank you for funding to Cogs North and South Taranaki, T.S.Bank, Lotteries; and NZ Post for envelopes.

Anyone travelling through Taranaki wanting disability equipment? There is the Taranaki Disability Centre Trust in New Plymouth; and also the Hawera Disability Centre. You can hire all disability equipment there.

Our mountain is looking lovely with its winter coat on.

Take care. Keep warm.

Shirley Hazlewood QSM

### Nelson - Top of the South

Hi everybody,

Our mid-winter luncheon went off very well at Crusoe's with 14 in attendance, a cosy corner with a lovely log fire, fine food, and a beautiful day to go out on.

Gillian Lewis gave us a short talk on her experience in a hyperbaric chamber, used mostly for treatment of MS apart from treating divers with the bends. She is hoping it will prove to be beneficial for treating post-polio symptoms.

Helen Reynolds followed on with her talk on the benefits of having a personal

press-the-button alarm system which is excellent in some of our members' situations. Helen is a representative of guardian health care.

Apart from this outing all has been quiet on our front and no other news to report. So keep well and keep warm, spring is just around the corner.

Jenny Kissane and Rex Wastney

## Christchurch

Christchurch members are certainly not timid souls. When a coach trip to the huge Canterbury landfill facility at Kate Valley was suggested, all the seats were quickly booked. Over-booked, in fact, which meant that two or three determined trippers had to go by car. We were given a guided tour without having to leave the coach and were relieved to find that it's all so well managed that there isn't even any smell.

Earlier in the year, on another coach trip, we took in the views around Lyttelton Harbour before looping back to Lincoln College for a cracker of a lunch. Again the coach was full and the wheelchair hoist made good use of.

Monthly meetings at Cashmere Club continue to attract good attendance and the choice of topics has ranged from immigration to casino management. One or two folks have encountered health problems but most have faced the winter in good shape and hey, a dozen or so turn up for a swim at Burwood Hospital pool most Sunday mornings. (see photo)

George Ross



*Christchurch members take the plunge!*

## Otago

Since the last newsletter we seem to have been quite busy down here.

At our April meeting we had Garry Williams, the General Manager for the Southern Region of St John's as our speaker. Most of us have had some involvement with St John's and have been impressed by the care and dedication of their staff. However, we still had a lot to learn and were humbled as we learnt just what these officers handle so cheerfully. We were also reminded of the value of emergency bracelets particularly for falls.

At the end of May, ten of us attended an Operatunity concert in Mosgiel. We used the wheelchair taxi for transport for most of the group which was a help. The Operatunity group sings all over New Zealand and with only four singers produced a relaxing and enjoyable concert. Each singer brought their own skills and there was a great rapport between them as they joked and quipped between songs. One of the four, Ben Mikasi, brought the house down with Finiculi Finicula.

Since then we have had our winter dinner at Concord Tavern with twenty five members there to enjoy the food and the conversation. It is always good to get together in an informal setting to share information and catch up with each other.

Diane



*Mosgiel in winter*

## Northland

Our Northland Post Polio group is still bright and cheery, and those of us who can continue to meet regularly for a mainly social get together. Our last outing was in June to Cobb and Co Whangarei, for a very pleasant mid-winter Christmas luncheon, enjoyed by 12 of our members!

Our next meeting will be our A.G.M. on 13th August when we will have our usual "trading table" and raffle. We hope that some of our Far North members may be able to come down for that, details will be sent out to Northern members before long!

It is always interesting and uplifting to read about other "Polios" and their remarkable achievements in spite of adversity. Recently in the N.Z Herald, a "polio" man - Jim Savage from Kawarau - was nominated as an "unsung hero". He has been in a wheelchair for 50 years since contracting polio at the age of 22. Jim was nominated as an "unsung hero" after working tirelessly for disabled people in his community and as far afield as Peru! He had visited Peru and was appalled at number of Polio cases still occurring there. Following that visit he set about collecting wheelchairs, crutches etc to be sent to disabled people in Peru! Jim has also been actively involved in coaching rugby, athletics and wheelchair sports in his community. Great work Jim and good luck! I wonder if Jim is one of our members! It would be good to hear more of him and other amazing "Polio" people.

Till next time keep warm and best wishes from us all in the North.

Ruth Inglis.

## Music Backed the Speaker at Successful Joint Meeting

Guest speaker at the first joint meeting between three greater-Wellington polio support groups produced a special aid -- an acoustic guitar -- to add to the entertainment value of his talk.

"This is part of who I am," said Maurice Priestley, a programme manager for Capital and Coast District Health Board, as he unpacked his guitar after being welcomed by Judy Cameron and Philippa McDonald, who helped organised the joint meeting in Tawa.

Maurice Priestley works in a DHB planning and funding directorate and plays with a band in Wellington. He uses a wheelchair after surviving polio as an infant in Gisborne. Now he supervises programmes aimed at dealing with barriers that disabled people encounter in the health system.

He spoke about the role of the DHB under the NZ Disability Strategy -- including training, access, communications, employment and community engagement -- and interspersed his talk with a few bars of guitar music and then one longer piece that earned solid applause.

"One of the most valuable processes in my role is understanding issues, linking them to people, and communicating their needs," he said before opening the discussion to hear round-the-room stories from polio survivors.

Twenty-five people from the Hutt Valley, Wellington, and Kapiti groups attended the joint meeting. Co-organiser Claudia Mushin from Wellington said it was a great success and it was great to see so many people coming to the first gathering of its type.



*Maurice Priestley from Capital and Coast DHB at the Tawa meet with Yvonne Morgans of Lower Hutt Caption*

## Improving mobility

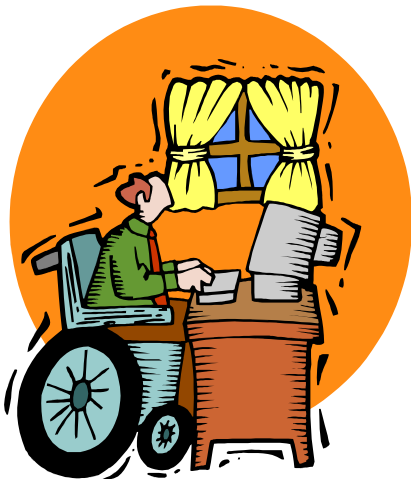
If you have one of those scooters with a fixed seat, you might occasionally wish for a swivel seat - very handy for swinging round to a table or transferring to a chair.

One way to get swiveling without paying an arm and a leg is to buy a boat-seat swivel. They attach on a standard four-bolt pattern and can be ordered with a 12-point stop system and lever.

The one pictured, mounted on a Shoprider Scootie seat assembly, costs \$52.73 -- or \$32.90 without the lever-stop system, from Depco in Mt Maunganui.



There's another, non-stopper type from Tuff Plastic Moulders in Rotorua which uses two plastic rings with eight screw and bolt fastenings around the top and bottom components -- easy to install if you have suitable seats and mounting surfaces.



## Disability: The Real Cost

Payments to people with disabilities do not go far enough to meet the true cost of disability — now estimated at 30% of a person's income in Ireland, a new study claims.

The Economic and Social Research Institute (ESRI) research estimated the average cost of disability as a percentage of income to be 29.6%. However, this cost ranged from 15% to a massive 48% for some individuals.

“Since the estimates presented represent average costs, the implication is that there will in fact be households facing additional costs of disability even greater than these already significant weekly averages” say the report's authors.

These costs exclude any earnings lost due to disability.

The ERSI paper shows that the greater degree of disability, the higher costs people must bear. The cost of disability to those most affected in their daily activities is in the order of 44.4% of disposable income, compared to 8.5% for those who are not.

From: *The Survivor* - Irish Polio News Summer 08

### Wellbee Poster 1963



# Falling Flat: An Exploration of Polio Survivors' Falls

By: Linda Wheeler Donahue

From *The Survivor* - Irish Polio News Winter 2008  
Reprinted from The Polio Messenger, Autumn 2007, Newsletter of Polio Outreach of Connecticut with kind permission of Linda Wheeler Donahue.

Available online at:  
[www.the-polio-outreach-of-ct.com/newsletter.htm](http://www.the-polio-outreach-of-ct.com/newsletter.htm)

Falls are the leading cause of injury deaths among older adults. In fact, more than one third of adults aged 65 and older fall each year. For individuals with the late effects of polio, the risk of falling is even greater.

Polio survivors are at high risk of falling and when they do, they are more likely than others to suffer a fracture. They are likely to fall forward if they trip, and tripping is associated with drop foot, knee buckling, or slipping. In the case of lack of balance, the polio survivor is likely to fall backward.

Let's attack this subject by dividing it into two categories:

1. preventable falls and
2. unavoidable falls.

## Preventable Falls

Dr. Julie Silver reminds us that one of the most important things to remember about falls is that they are generally "preventable occurrences," rather than accidents. Let's identify ways to reduce our risk of falling.

Stand For a few seconds before walking. With 90 percent of hip fractures in older people being caused by falls, it is important to attack the problem through prevention. Here are a few suggestions:

- ❖ If you stand for a few seconds before gait initiation, you will get your bearings and your body will adjust to being upright before you take that first step.

- ❖ Wear supportive footwear that fits well. When you leave the house, put on your lace-up oxfords for extra support.
- ❖ Watch out for medication side-effects; ask your doctor or pharmacist to review your prescriptions to reduce interactions.
- ❖ Remove hazards in your home that can lead to falls, such as throw rugs or loose tiles.
- ❖ Install grab bars anywhere a sturdy support might help you. Think outside the box. Go beyond the bathroom and install grab bars in other areas as well.

It goes without saying that we should not venture out on foot in hazardous weather conditions. Also consider one of the several personal alarm systems available. Just click the button worn around the neck or wrist for immediate assistance 24/7.

We spend most of our time in our homes so it is important to increase safety and ease of use. Some suggestions are to remove items you might trip over such as newspapers, clothing, shoes, and clutter. Place non-slip mats in the bathtub and on shower floors. As we get older, we need brighter lights to see well. And very importantly, make sure all stairways have sturdy handrails and sufficient lighting.

## Unavoidable Falls

Polio musculoskeletal problems such as weakness and loss of balance are major reasons why unavoidable falls happen. On a personal note, when I was still walking, many of my falls occurred as I was pivoting. I remember standing at a checkout counter in a pet store, cane in hand. The clerk came up behind me, "All set?" she asked. I turned around slightly to look at her, and as I began to pivot, I went crashing to the floor, fracturing a bone.

With other falls, my body collapsed with no warning. I went straight down with force, always landing on my left leg which was always very weak. Once I began to fall, there was nothing, not a thing, I could do to stop or cushion the fall.

My fall from grace goes something like this: Crash. Bang. Splat. I didn't tumble; I crumbled.

After sustaining four serious fractures due to falls, my orthopaedic physician gave me a good dressing-down. In this scolding he began by saying my cane was "a joke", in that it did not give sufficient support. Then he said it was time to cease walking and begin using a wheelchair, if not, my next fracture might not heal.

Life has been much better since I made that major transition to wheels.

The bio-mechanics of polio-weakened muscles makes us prime candidates to trip and fall. My fall pattern was similar to a building demolition. First collapse; then crumble; and finally land there flattened in the dust. Your fall blueprint may be different, just as our gait patterns are diverse.

Polio weakness characteristically worsens with increased activity and is most prominent at the end of the day. Toward nightfall, snuggle into that comfy recliner; curl up and relax knowing you are not about to take a fall.

In conclusion, falls with resultant injuries are a significant issue for individuals with the late effects of polio. It is vitally important to do all we can to fine-tune our environment to reduce preventable falls. And unavoidable falls need not mean there is no hope.

Using assistive devices such as bracing and wheelchairs should be considered pre-emptive strikes. Pacing activity with

frequent rest breaks is another preventative measure.

I wish you all a fall-free future!



*Linda Wheeler Donahue, President of Polio Outreach of Connecticut*

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### **Dedicated to all of us who have struggled with Computers**

The computer swallowed grandma. Yes, honestly it's true! She pressed 'control' and 'enter' And disappeared from view.

It devoured her completely, the thought just makes me squirm. She must have caught a virus, or been eaten by a worm.

I've searched through the recycle bin, and files of every kind; I've even used the Internet, but nothing did I find.

In desperation, I asked Jeeves My searches to refine. The reply from him was negative, not a thing was found 'online.'

So, if inside your 'Inbox,' My Grandma you should see, Please 'Copy, "Scan' and 'Paste' her, and send her back to me.

From *TAS Polio News* June 08

## **\$2.5 million vehicle scheme for people with a disability**

*From Victoria, Australia*

More than 220 Victorians with a disability and their families are set to benefit from easier vehicle transport under a new Brumby Government subsidy.

Community Services Minister Lisa Neville Under the \$2.5 million scheme, financial assistance will be available for the first time for private vehicle modifications.

“The Brumby Government is taking action to support people with disabilities and the vehicle modification subsidy scheme is an important initiative in increasing independence and community participation for Victorians with a disability,” Ms Neville said.

“It continues the Government’s commitment to providing more support for people with a disability and easing the pressures on families and carers.”

“The subsidy will assist people with a disability who require modifications to drive or travel as a passenger in their vehicle,” Ms Neville said.

“A maximum subsidy of up to \$10,000 will be available to assist people with a disability to convert their car for wheelchair access.”

“This will give people with a disability mobility and freedom, allowing them to participate more fully in the community.”

Ms Neville said the subsidy could provide assistance with specialised lifters, carriers and trailers for wheelchairs, ramps fixed to a vehicle and modified driving controls to enable a person with a disability to drive

The Ballarat Health Services Aids and Equipment Program has been chosen to administer the \$2.5 million vehicle modification subsidy scheme on a state-wide basis.

“This is long awaited assistance for people with a disability in helping them to maintain their independence through motoring,” the president of the Disabled Motorists Association, Rosslyn Pickhaver, said. ‘Families with a member with a disability and drivers with a disability face extra costs and this subsidy will go some of the way to alleviating the financial pressure’.

### **A comment that came with the above submission:**

Sounds like a much more liberal attitude compared with NZ where (unless you're working) it's hard to get any help with transporting wheelchairs etc. Even if you're working *Enable* seem not very interested.

-----

### **A question from a reader:**

I have a query for other polio survivors – has anyone developed “dystonia” or “wry neck”? My head twists to one side as the muscles are contracting. Neither my GP nor the neurologist is sure whether this is as a result of my earlier polio experience. Once again I am fortunate as it is pretty well controlled with a three monthly Botox injection.

*Editor’s note:*

*If anyone shares a similar experience please write to the reader C/- the Editor at whyte5@xtra.co.nz and I will forward your email.*

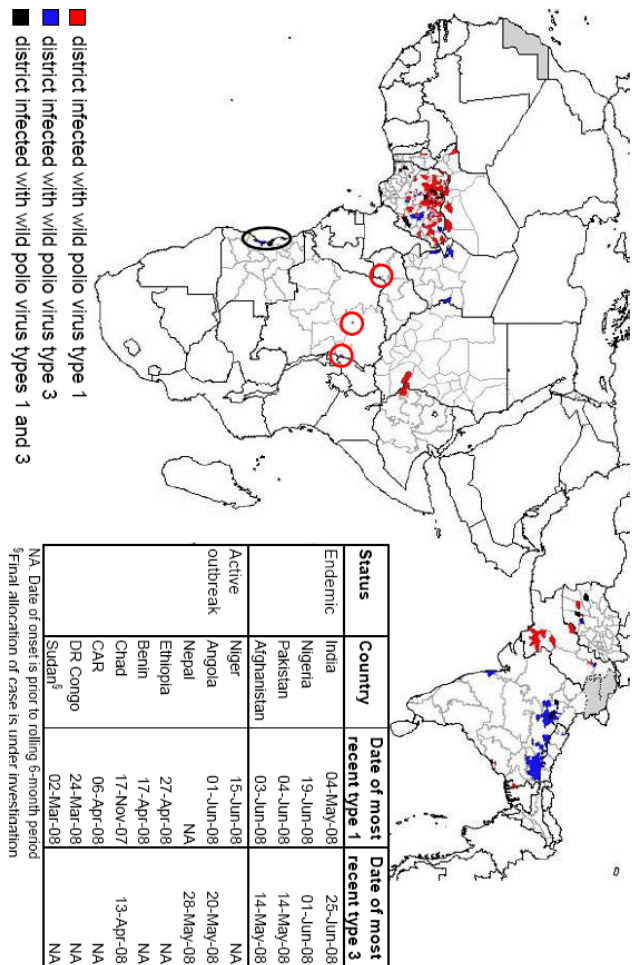
*David*

## Patsy Bell Honoured



Patsy Bell, right, is thanked by Jill Hazeldine the President from the Hokitika Rotary club, for her work involved with the West Coast Post Polio Syndrome sufferers.

## Wild Poliovirus infected districts\*, 2008



Thanks to George for pointing out the site [www.polioeradication.org](http://www.polioeradication.org). You will get a much clearer picture of the above map if you visit the site directly.

**Directory:** Information about membership and local support groups

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## PRESIDENT'S REPORT FOR 2008 ANNUAL MEETING:

### CONDOLENCES AND BEST WISHES:

We do not always get information regarding those who have lost family or friends through the year but we wish to assure you that our thoughts are with you as they are also with those who have been or still are on the 'Sick List'. Best wishes.

### THE YEAR IN REVIEW:

It was 10 years ago on the 19<sup>th</sup> of September 1998 at the AGM in Auckland that I was elected your President. Our Society had its first gathering in Napier in December 1989 with Phillippa Morrison as interim President followed by Carol Rouse until the 1992 AGM when my predecessor and long time Editor of Polio News – the late Denis Hogan – was elected President for the following six years. Over the years our Society has had established 23 branches or support groups across the country coordinated through the Board of Management that comprises the office bearers and up to six members elected annually. We have been well served by those elected.

A highlight in this year was the production and distribution of our new brochure "Information for Health Professionals" made possible through the efforts of our Medical Advisor Dr Liz Falkner and Polio News Editor Jim Webber. Copies of the brochure have been distributed far and wide and there are still plenty of copies still available from the Secretary. I encourage members to leave copies with your GP, including one for your medical file, plus extra copies to be available for others interested. It was with regret that Jim Webber had to step down from his volunteer role as Editor of Polio News because of failing eyesight. We welcome David Whyte of Hamilton as our new Editor who has a big task in stepping into the shoes of both Denis and Jim who both served the Society very well.

### DONATIONS:

The continuing support of the JR McKenzie Trustees and the NZ Lottery Grants Board is appreciated, beneficial and most encouraging. In addition the continuing generosity of the Duncan Family Trust is wonderful. Our Society including all branches and support groups is now registered with the Charities Commission - our official number is CC 25022.

### MINISTRY OF HEALTH AND DISABILITY:

Although the Ministry of Health and Disability is required by law to include disability in its name, the issues of disability as they impact on Polio survivors receive very little recognition. The last response to our plea for consideration was that "Post Polio is in the too hard basket." Immunization has hopefully eliminated Polio in NZ but the Late Effects of Polio continues to be experienced by an increasing number of survivors whose varied medical complaints need to be methodically considered and not dismissed simply as signs of aging. Recently the Society was invited by the Ministry of Health and Disability to attend one of a number of seminars being held across the country on "Long Term Disabilities". The Officials sought to obtain input from local people involved with "Long Term Disabilities" as to how they hoped the year 2020 might look like. Notes of comments were taken, questions were invited but there was not enough time for all the answers to be responded to. It is no wonder we become cynical with a Ministry that can send bureaucrats around the country asking people involved in disability to discuss ways to "Improve Conditions" for those with long term disabilities in 2020 and yet continues with the 'Too hard basket' response to the challenges facing today's people with "Long Term Disabilities".

### STELLA ANDERSON BEQUEST:

The Board of Management has been struggling for some years to ensure the bequest of around \$14,000 in 1995 was put to best use. In the main the distribution was from the interest earned and a little of the capital. Stella's wish was "without imposing any trust, for this benefit to be used in the Otago district". It has now been agreed by the Board that the remaining funds (\$10,400) be passed to the two Otago Support Groups for their determination and distribution in accord with the wish of the donor.

### CONCLUSION:

Through all the processes of health and age it is still necessary for our Committees to have replacements willing to assume the work of those who wish to step down. Many, many years ago I was advised of the following unwritten rule:

**"That the mantle of responsibility has to be shared – or handed on."**

Ray L Wilson QSM President

Oamaru 15 July 2008

# POST POLIO SUPPORT SOCIETY OF NZ INC

## FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2008

<u>2006/07</u>	I N C O M E	<u>2007/08</u>
6180.00	Membership Fees	6,060.50
4303.60	Donations	5,141.85
6000.00	Grants – Lottery Board	11,000.00
9000.00	- J. R. McKenzie Trust	10,000.00
10,000.00	- Duncan Trust	10,000.00
2,094.46	Interest Received	1,403.56
	Interest Rec'd – Stella Anderson	941.33
1,956.00	Conference	8,839.30
	Various	1,673 .12
<b>39,534.06</b>	<b>TOTAL INCOME</b>	<b>\$ 55,059.66</b>
<b>E X P E N D I T U R E</b>		
1964.96	Printing and Stationery	1,864.56
5116.83	Communications	6,862.59
7747.62	Polio News/Publications	5,270.24
10810.90	Conference and AGM	15,566.53
1295.00	Stella Anderson grants etc	2,277.21* 1
8844.43	Travel Expenses	3,281.84
2613.13	Payments to Support Groups	2,082.63
1080.38	Subscriptions and Various	2,269.99
990.00	Depreciation	140.00
<b>\$40,463.25</b>	<b>TOTAL EXPENDITURE</b>	<b>\$ 39,615.59</b>
<b>\$( 929.19)</b>	<b>Net Surplus/(Deficit) for the Year</b>	<b>\$ 15,444.07</b>

## POST POLIO SUPPORT SOCIETY OF NEW ZEALAND INCORPORATED STATEMENT OF FINANCIAL POSITION as at 30 June 2008

<u>2006/07</u>		<u>2007/08</u>
<b>Current Assets</b>		
6,802.47	Westpac & SBS Current account	\$ 6,986.07
20,000.00	Term Deposit (Note 1)	\$ 25,000.00
415.00	Fixed Assets (Note 2)	\$ 275.00
<b>\$27,217.47</b>	<b>Total</b>	<b>\$ 32,261.07</b>
<b>REPRESENTED BY:</b>		
<b>\$28,146.66</b>	Accumulated Funds as at 1 July	<b>\$ 27,217.47</b>
	Less Stella Anderson Legacy Transferred \$ (10,400.00)	
	Sub total	<b>\$ 16,817.00</b>
<b>\$ ( 929.19)</b>	Plus Net Surplus (Deficit) for Year	<b>\$ 15,444.07</b>
<b>\$ 27,217.47</b>		<b>\$ 32,261.07</b>

**Notes to Accounts:**

Note 1 Stella Anderson - Report attached.

**Note 2 Investments**

Currently invested with SBS \$20,000 @ 8.6% to mature on 31<sup>st</sup> October 2008 and \$5,000 currently invested with SBS @ 8.5% to mature on 6<sup>th</sup> August 2008

**Note 3 Depreciation**

The following assets have been depreciated at 33 1/3% DV Cost Accum. Dep'n Book Value  
Laptop Computer & Printer \$2,100 1825 275

**Note 4 Goods and services Tax:**

These accounts have been prepared on a GST Inclusive basis.

The Post Polio Support Society of New Zealand Incorporated is not registered for GST

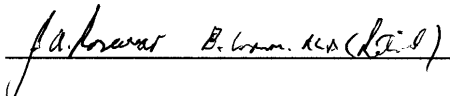
**Note 5 Basis of Preparation:**

There have been no changes in accounting policy. On 30/6/08 the Stella Anderson investment funds were transferred to the Otago and North Otago Support groups to administer.

These accounts have been prepared on a Receipts and Payments Basis.

**AUDIT REPORT:**

I have audited the Financial Report of the Post Polio Support Society of New Zealand Incorporated. I have obtained all the information and explanations required. In my opinion this Financial Report fairly reflects the financial position of the Society as at 30<sup>th</sup> June 2008 and the results of its operations for the year ended on that date.

 Auditor 30/7/08